



### Executive Committee Summary of Meeting Minutes December 19, 2017

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – <b>present</b>	Jerry Foxhoven -
David Hudson – <b>present</b>	Mikki Stier - <b>present</b>
Dennis Tibben – <b>present</b>	Deb Johnson - <b>present</b>
Dan Royer – <b>present</b>	Liz Matney - <b>present</b>
Shelly Chandler – <b>present</b>	Matt Highland -
Cindy Baddeloo – <b>present</b>	Lindsay Paulson - <b>present</b>
Kate Gainer – <b>present</b>	Sean Bagniewski - <b>present</b>
Lori Allen – <b>present</b>	Luisito Cabrera - <b>present</b>
Richard Crouch – <b>present</b>	Alisha Timmerman - <b>present</b>
Julie Fugenschuh – <b>present</b>	
Jodi Tomlonovic – <b>present</b>	

#### Introduction

Gerd called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above and quorum was met.

#### Approval of the Executive Committee Meeting Minutes of November 16, 2017

Minutes of the Executive Committee meeting on November 16, 2017 was approved.

#### Introduction of New Medicaid Director Michael Randol

Mikki introduced Michael Randol to the Committee.

#### Attorney General's Office Presentation

Gretchen Kramer distributed copies of the document outlining a general legal overview of State board and commission member responsibilities. Gretchen discussed conflict of interest and consumer confidentiality as summarized in the document. She encouraged Committee members to disclose if they deem anything a conflict of interest. She stated that all Iowa government records are public unless there's a specific statute that makes them confidential and discussions should not identify specific cases. Gretchen identified that there is an Iowa Code confidentiality provision defining that in instances involving public comment or listening sessions, there should be some prior notice issued regarding the public nature of the listening session in order to allow participants to make a conscious choice about the information they choose to share.

#### Recommendations Discussion

##### **Subcommittee Update on the Q1 SFY18 Recommendations**

The December 11, 2017, Subcommittee meeting summary in the materials packet was discussed. Gerd stated that discussions were in regards to the three main areas:

### **1. Mental Health**

Gerd stated that the initial recommendation of the Subcommittee is for the co-chairs of the MAAC and the co-chairs of the Mental Health and Disability Services (MHDS) Commission to meet to discuss earlier referrals made by the MAAC. The results of the meeting are to be discussed at the January Executive Committee meeting.

### **2. Long-Term Support Services (LTSS)**

Gerd stated the Subcommittee felt that this topic merits further discussion that would focus on creating an opportunity for the MAAC to learn more about the LTSS population and all services that are involved in LTSS. Gerd stated that this better understanding of the breadth of LTSS will help the Committee develop a more informed future recommendation.

### **3. Transition to UnitedHealthcare (UHC)**

Gerd stated that this is focuses on monitoring issues and member information transfer relative to the transition to UnitedHealthcare.

Mikki defined “warm transfer” relative to the transfer of information to UnitedHealthcare, stating that it involves data file transfers as well as the utilization of the IME Member Services Liaison. The Member Services Liaison assists with high-needs members, and care coordination with UnitedHealthcare and AmeriHealth Caritas by initiating dialogues with particular members relative to service plans and level of care.

### **Director Foxhoven Reply letter to the Q4 SFY17 Recommendations**

Director Foxhoven’s response letter was included in the materials packet.

### **Review Administrative Rules regarding goal setting in Supported Community Living (SCL)**

Deb Johnson provided an overview of the LTSS program, the population groups that it serves, and the scope of the services it provides. She underscored that LTSS is a broad, needs-based program that works mainly with elderly members and members with disabilities. Deb stated that LTSS members must meet nursing home level of care and require assistance with daily living functions. She clarified that although LTSS and behavioral health are separate in managed care, someone with a mental health issue can be deemed eligible for LTSS based on their needs. Deb stated that SCL assists individuals with their daily living and has a very broad scope of services that can be provided for an hour or for 24 hours and is based on the individual’s needs. The Brain Injury (BI) and Intellectual Disability (ID) waivers have SCL as the residential component of the program, allowing individuals to live in their own homes.

### **Tiered Rates Presentation**

Deb Johnson stated that tiered rates became effective December 1, 2017. She clarified that instead of managing individual budgets for thousands of people in SCL at various rates, rates have changed to a standardized payment rate under the ID waiver within the funds that are available based on the acuity and needs of the member. She explained that the development of the tiered rate approach involved the active participation of providers since 2013, using an assessment tool developed by the American Association for Individuals with Developmental Disabilities (AAIDD) called the Support Intensity Scale (SIS). The use of the SIS assessment tool yielded six tiers of payment. She added that implementation of the tiered rates is going to be a gradual phase-in process to accommodate the changes for the business practices of providers. Deb stated that there is more money for instances of higher acuity to compensate for any additional staffing needs. In instances where the assessment in the SIS is not accurate, there is a 30-day period to review and evaluate the information. Liz Matney stated that the independent assessors go through a liability process to check for consistency in the application of the assessment and the department also has two practices as a quality control safeguard.

### **Action Item:**

- Deb Johnson is to present on LTSS in future Executive Committee meetings.

### **Department and MCOs on Secret Shopper Methodologies and Metrics**

Liz reviewed the Q1 SFY 18 managed care report and called attention to the inclusion of the secret shopper report which reflects one of the MAAC recommendations. She stated that moving forward, reports will reflect information on timeliness and accuracy of payment in claims processing as well as key results of the Iowa Participant Experience Survey. Mikki stated that the quarterly report will be delivered to the MAAC one month in advance to allow for a review prior to presentation at the MAAC meetings.

### **Future Agenda Item:**

Review Q1 SFY18 managed care report at the January Executive Committee meeting.

## **DHS**

Liz provided information on the accuracy and timeliness involved in the monitoring of the call centers. Liz stated that initially, questions are developed weekly for each call center (IME, *hawk-i*, and transportation); then, secret shopper specialists conduct calls for accuracy on a weekly basis to each MCO; finally, feedback is sent to the MCO regarding the results of their calls. She stated that secret shopper calls are also conducted at the IME for accuracy of Fee-for-Service information. Liz stated that when reoccurring issues are identified, the questions are repeated in subsequent weeks to monitor if MCOs are taking corrective actions.

## **MCO**

- Amerigroup representative, Natalie Kerber, reiterated Liz's statements and identified that information provided by the State is added to the Amerigroup database in real-time where the information is then made available to the Amerigroup call center representatives. She stated that CSR scripting is updated immediately based on IME feedback and calls are recorded for training purposes.
- Paige Petit (UnitedHealthcare) stated that UnitedHealthcare utilizes a process similar to that of Amerigroup and that they conduct a joint meeting with both provider and member call centers to identify other areas that can be improved.

## **Medicaid Director's Update**

Mikki reviewed the items listed on the Action Items document. She reviewed the work that has transpired in ensuring the smooth transition of members to UnitedHealthcare as well as the 10,000 members who transitioned to FFS.

## **Future Agenda Item:**

- Presentation on care coordinators and conflict-free case management at the January Executive Committee meeting

## **UnitedHealthcare Update**

Paige Petit reviewed recent developments in UnitedHealthcare's effort to expand network adequacy and community outreach. She also gave a synopsis of what UnitedHealthcare has been doing to expand staffing following the transition of AmeriHealth Caritas members to UnitedHealthcare. She stated that staffing includes case managers, RNs, and assessors; outlining recent agency agreements for case management in various counties.

Mikki stated that some previous DHS Total Case Managers (TCMs) may be hired by UnitedHealthcare which would allow some members to keep their previous case managers.

Kim Foltz confirmed that UnitedHealthcare continues to onboard case managers.

## **Public Comment Listening Sessions Summary – Des Moines, December 5, 2017**

Summary was made available in the materials packet.

## **Open Discussion**

Flora Schmidt requested additional information regarding the prior authorization process following the transition of AmeriHealth Caritas members to UnitedHealthcare. Kim Foltz clarified that if previous prior authorizations did not transfer, UnitedHealthcare is contacting the member's pharmacy for verification of a previous prior authorization and UnitedHealthcare had also received an updated file from AmeriHealth on December 18, 2017, and they were working to update member prior authorizations. Kim stated that an additional reason for authorization denials was that the prescribing providers were not enrolled Medicaid providers, and UnitedHealthcare had been contacting the member's pharmacy to determine if there was another provider at the prescribing provider's office that was enrolled with Medicaid to authorize the script. Mikki stated that the IME was working to enroll the non-enrolled prescribing providers.

## **Adjourn**

4:55 P.M.